



## Bib Data Sheet



**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/504,343	<b>FILING DATE</b> 02/14/2000	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2768	<b>ATTORNEY DOCKET NO.</b> 65,678-0011(DCCIE 5298)
<b>APPLICANTS</b> Brent C. Parent, Holland, OH ; Aaron J. Roth, Sylvania, OH ; Patrick O'Brien, Maumee, OH ; Andy F. Suhly Jr., Perrysburg, OH ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/441,289 11/16/1999 AND CLAIMS BENEFIT OF 60/166,042 11/17/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/08/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 21
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 010291				
<b>TITLE</b> System and method for virtual rental fleet				
<b>FILING FEE RECEIVED</b> 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

CONFIRMATION NO. 7770

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SERIAL NUMBER 09/504,343	FILING DATE 02/14/2000  RULE	CLASS 705	GROUP ART UNIT 3621	ATTORNEY DOCKET NO. 65,678-0011(DCCIE 5298)
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## APPLICANTS

Brent C. Parent, Holland, OH;  
 Aaron J. Roth, Sylvania, OH;  
 Patrick O'Brien, Maumee, OH; Andy F. Suhy Jr., Perrysburg, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/441,289 11/16/1999  
 and claims benefit of 60/166,042 11/17/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/08/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 11	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

10291  
 RADER, FISHMAN & GRAUER PLLC  
 39533 WOODWARD AVENUE  
 SUITE 140  
 BLOOMFIELD HILLS, MI  
 48304-0610

## TITLE

System and method for virtual rental fleet

FILING FEE

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT

☐ All Fees☐ 1.16 Fees ( Filing )☐ 1.17 Fees ( Processing Ext. of time )